

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Lake

Cartridge or Bag Filtration

Month/Year: 12/23

System Name: <u>Lakeshore RV Park</u>		ID# 41 <u>01001</u>		WTP ID:		
DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1	32	20	12	15	.35	Same
2	32	20	12	15	.35	
3	32	20	12	15	.35	
4	32	20	12	15	.45	
5	32	20	12	15	.45	
6	32	20	12	15	.45	
7	32	20	12	15	.45	
8	32	20	12	15	.45	
9	32	20	12	15	.45	
10	32	20	12	15	.45	
11	32	20	12	15	.44	
12	32	20	12	15	.44	
13	32	20	12	15	.44	
14	32	20	12	15	.43	
15	32	20	12	15	.43	
16	32	20	12	15	.43	
17	32	20	12	15	.46	
18	32	20	12	15	.46	
19	32	20	12	15	.46	
20	32	20	12	15	.35	
21	32	20	12	15	.35	
22	32	20	12	15	.35	
23	32	20	12	15	.38	
24	32	20	12	15	.38	
25	32	20	12	15	.38	
26	32	20	12	15	.45	
27	32	20	12	15	.45	
28	32	20	12	15	.45	
29	32	20	12	15	.49	
30	32	20	12	15	.49	
31	32	20	12	15	.49	

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.	PRINTED NAME: <u>Mike Blankenship</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>1/3</u>
	PHONE #: <u>(541) 991-7826</u>	CERT #:

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services – Surface Water Quality Data Form

Month/Year: December 2022

System Name: <u>Lakeshore RV Park</u>		ID# <u>41 01001</u>	WTP					
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.8	65	52	10	6.8	37	Y	5
2/	.8	65	52	10	6.8	37	Y	5
3/	.8	65	52	10	6.8	37	Y	5
4/	.8	65	52	10	6.8	37	Y	5
5/	.8	65	52	10	6.8	37	Y	5
6/	.8	65	52	10	6.8	37	Y	5
7/	.7	65	45.5	10	6.8	37	Y	5
8/	.7	65	45.5	10	6.8	37	Y	5
9/	.7	65	45.5	10	6.8	37	Y	5
10/	.7	65	45.5	10	6.8	37	Y	5
11/	.8	65	52	10	6.8	37	Y	5
12/	.8	65	52	10	6.8	37	Y	5
13/	.8	65	52	10	6.8	37	Y	5
14/	1.0	65	65	10	6.8	37	X	5
15/	1.0	65	65	10	6.8	37	Y	5
16/	1.0	65	65	10	6.8	37	X	5
17/	1.0	65	65	10	6.8	37	X	5
18/	1.0	65	65	10	6.8	37	X	5
19/	1.0	65	65	10	6.8	37	X	5
20/	1.0	65	65	10	6.8	37	Y	5
21/	1.0	65	65	10	6.8	37	X	5
22/	1.0	65	65	10	6.8	37	X	5
23/	.9	65	58.5	10	6.8	37	Y	5
24/	.9	65	58.5	10	6.8	37	Y	5
25/	.9	65	58.5	10	6.8	37	Y	5
26/	1.0	65	65	10	6.8	37	Y	5
27/	1.0	65	65	10	6.8	37	Y	5
28/	1.0	65	65	10	6.8	37	X	5
29/	1.0	65	65	10	6.8	37	X	5
30/	1.0	65	65	10	6.8	37	X	5
31/	1.0	65	65	10	6.8	37	Y	5

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Revised November 2022

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

Return by 10th of following month by email, fax or mail to:

dwp.dmce@oha.oregon.gov; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350